



K-SOTTO

KERALA STATE ORGAN AND TISSUE TRANSPLANT ORGANIZATION

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FORM - D3

DECEASED DONOR ORGAN/TISSUE ALLOCATION SUMMARY

(Note: To be filled and sent by the recipient hospital within three days of transplant surgery. Individual forms need to be submitted for each recipient if not multi organ surgery. And also download & attach the recipient registration details from K-SOTTO web portal.)

* Organ/Tissue 2 needs to be filled only in multi organ transplant cases

Date:

No.	Particulars		
01.	Recipient Hospital Name		
02.	Organ/Tissue Received	Organ/Tissue 1:	Organ/Tissue 2*:
03.	Donor Hospital		
04.	Donor Name	Blood Group:	
05.	Name of Recipient & Regn. date		Regn. date:
06.	K-SOTTO ID of Recipient		
07.	Date & Time of Organ/Tissue Transplant Surgery	Organ/Tissue 1:	Organ/Tissue 2*:
08.	Waiting List of recipients at the time of allocation in the K-SOTTO web portal		
09.	Cross match result / MELD score / Ejection Fraction etc. of recipient as applicable for the case		Eg: <10% Dead Cells: Negative
10.	Total number of patients in the waiting list prior to the current recipient	Active:	Inactive:

